

# CHILD'S MEDICAL/PERMISSION FORM SEPT 2017/AUG 2018

Please PRINT in DARK INK. Do not leave anything blank! Write "None" when it applies.  
This is a 2 sided form please complete both sides.

## CHILDREN PARTICIPANT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Male

Female

Birthdate: (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_

Grade: \_\_\_\_\_ Child's T-shirt Size: \_\_\_\_\_

Please write any information that you feel that we need to know about your child.

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## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

## MEDICAL INFORMATION

Recent serious injuries:  No  Yes

Recent surgeries:  No  Yes

Allergies to Medications:  No  Yes

If yes please list:

Chronic medical Conditions:  No  Yes

Other Pertinent Health Concerns:  No  Yes

Current Medications:

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# 2017-2018 Woodlawn Children's Ministries

## MEDICAL INSURANCE INFORMATION

Do you have medical insurance? No Yes

*If yes, attach a copy of your insurance card to this form.*

## CHILDREN MEDICAL AND SURGICAL WAIVER

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Woodlawn children events and participate in all activities during said events.

I have listed above said child's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. I understand that all medical information will be kept confidential and will only be released on a need to know basis for care of said minor. Failure to disclose medical information/condition may result in dismissal from Woodlawn children events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Woodlawn Baptist Church, or its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said child which may, in their sole discretion, be necessary and proper under the circumstances. I also consent to my child riding on Woodlawn buses and vehicles during Woodlawn events.

I do release, acquit, discharge, and covenant to hold harmless Woodlawn Baptist Church, or its representatives, sponsors, or the camps/hotels/campuses where the children events are being conducted, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by said child.

**This form also serves as a release for my child to appear in Woodlawn photographs and/or videos for the purposes of publicity, training, and/or promotion.**

\_\_\_\_\_ I will inform Woodlawn as to changes in the information provided on this form as soon as possible.

**Parent's Initials**

## PARENT/CHILD CONTRACT

By signing this form, you are entering into a "contract" with Woodlawn Baptist Church. Your signature indicates that you know — and your parents know — that if you fail to use good judgment and common sense you will be dismissed from the Woodlawn event and returned home at your own or your parents' expense.

Generally, your behavior should reflect these three basic things: 1) Be where you are supposed to be, when you are supposed to be there, doing what you are supposed to be doing, 2) Always pray, always be on time, always be flexible, and 3) Have a good attitude and a teachable spirit. The Woodlawn Staff wants you to be happy and to help you have the greatest time of your life, as you grow in your own personal discipleship to the Lord Jesus Christ and learn to share the joy of your Christian life with others.

I have read all the rules above, I understand them, and agree to abide by them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**\* Parents, if your child is too young to read and/or understand the rules, by signing this form it is understood that you have read these rules to your child and have made him aware of their full meaning.**